ELLIS SOBER HOUSE
Structured Sober Living in Connecticut

RESIDENT WRITE-UP FORM

Corrective action and incident documentation

Resident and Incident Information

Resident name: _____

House/location: _____

Date of incident: _____

Time: _____

Date documented: _____

Staff completing form: _____

Type of Concern

☐ House rule violation
☐ Missed curfew / unauthorized absence
☐ Positive or refused alcohol/drug screen
☐ Medication concern
☐ Safety or threatening behavior
☐ Property damage / cleanliness
☐ Recovery participation / meeting requirement
☐ Financial or program fee issue
☐ Other: _____

Policy or Rule Involved

Policy section / house rule:

_____

_____

Description of Incident

Document objective facts, observations, statements, witnesses, and relevant times. Avoid diagnosis, speculation, or insulting language.

_____

_____

_____

_____

Immediate Action Taken

☐ Verbal coaching
☐ Written warning
☐ Behavioral agreement
☐ Increased check-ins / accountability
☐ Drug or alcohol screen
☐ Emergency services contacted
☐ Referral to treatment / higher level of care
☐ Immediate discharge for safety or sobriety
☐ No immediate action
☐ Other: _____

Corrective Expectations and Deadline

Prior Related Warnings or Incidents

_____

_____

_____

_____

Resident Response

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SIGNATURE NOTE: A refusal to sign does not invalidate the documentation. Staff should note the refusal and obtain a witness signature when possible.

Resident signature: _____ Date/time: _____

Staff signature: _____ Date/time: _____

Witness signature (if needed): _____ Date/time: _____